



TRICARE Regional Office - West

Military Treatment Facility (MTF) Profile

Data as of: **FY09Q4**

MTF Information

MTF:	9th MED GRP-BEALE AFB		
COMMANDER:	Lt Col Kelly West (Acting)		
MTF LOCATION:	Roseville, CA	INSTALLATION/BASE:	BEALE AFB
<p>The Beale Clinic is located near base housing. 15301 Warren Shingle Rd Beale AFB, California 95903-1907 COM: (530) 634-4838</p>			
MTF HOMEPAGE:	http://www.beale.af.mil/units/9thmedicalgroup/index.asp		
MTF GENERAL INFO/SERVICES:	<p>The 9th Medical Group supports worldwide operational readiness and the U-2/RQ-4 high-altitude mission of the 9th Reconnaissance Wing and responds to medical contingencies worldwide. Through teamwork, innovation and efficient utilization of resources, the 9th MDG provides comprehensive dental, physiological, medical and environmental support, as well as promotes health education and wellness to the Beale community. They provide comprehensive health care, physiological and environmental support, and promote health education and wellness to the Beale Air Force Base community. The Beale Clinic is accredited by the Joint Commission on the Accreditation of Healthcare Organizations and is dedicated to providing support to active duty members of base tenant organizations and their family members.</p> <p>This outpatient clinic consists of both the 9th Medical Operations and 9th Medical Support Squadrons that provide primary care services with aerospace medicine and limited ancillary (e.g., pharmacy, laboratory, radiology) capabilities. No inpatient or emergency services are available and minimal specialty services exist. However, ambulance services are available by calling 911 or (530) 634-4444 on base. All other care is arranged through referrals to neighboring military hospitals or the TRICARE network. The clinic's range of services include Family Practice/Primary Care, Women's Health, Pediatrics, Flight Medicine, Dental, Life Skills Support, Family Advocacy, Laboratory, Pharmacy, Optometry, Physical Therapy, Public Health, Radiology, Health and Wellness and Immunizations. The 9th Medical Group strives to provide outstanding customer service. If the service provided does not meet or exceed your expectations, call your Customer Service Representative at (530) 634-4834 so we can resolve your concerns and our issues.</p> <p>Emergency ambulance service is available 24-hour-a-day to respond to on-base illnesses and injuries and is accessed through the 911 telephone system. After hours, urgent or emergency medical care is provided by local civilian health care facilities in collaboration with 9th Medical Group personnel. Ambulance service personnel also serve as the contact point for after-hours access to non-emergency medical care. They, through coordination with your Primary Care Manager, arrange for preauthorization of care provided outside of the 9th Medical Group. The on-call PCM (a doctor or physician assistant) can be reached through the ambulance dispatch staff by calling (530) 634-4444.</p>		

MTF UNIQUENESS/BEST PRACTICES:

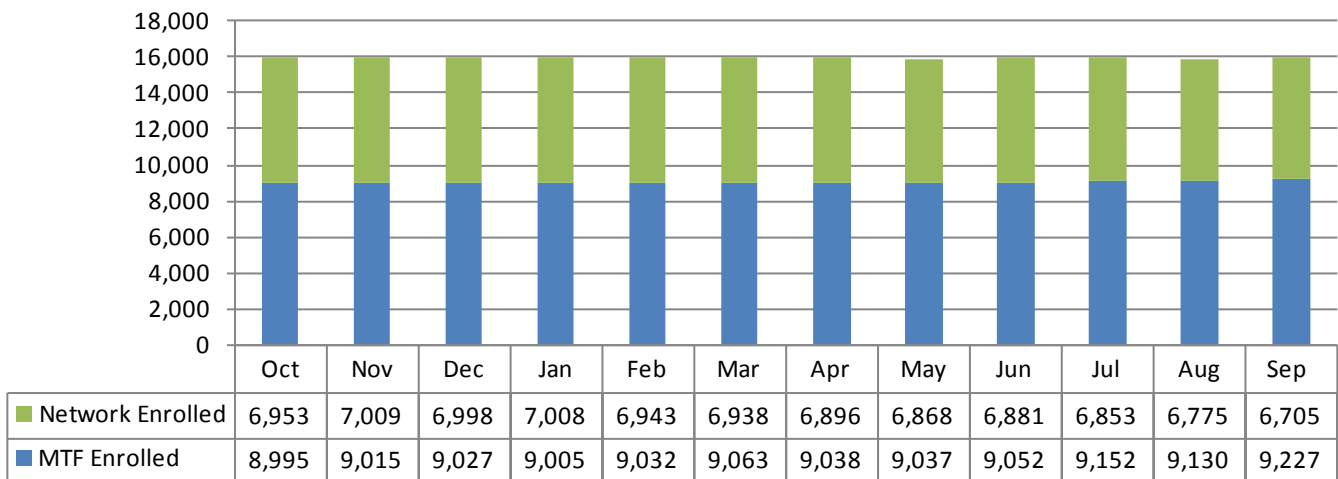
To optimize the MTF, Beale AFB lets Travis AFB exercise the Right of First Refusal (ROFR) for beneficiaries living in selected zip codes in the Beale Prime Service Area (PSA). See MOU [attachment E-3](#).

MTF COMMANDER CONCERNS:

No known MTF Commander concerns.

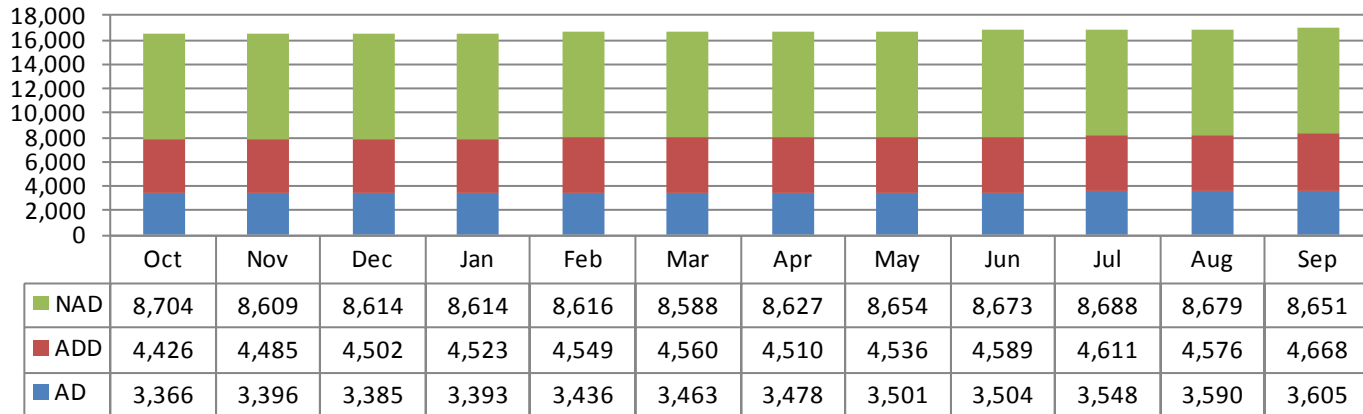
DEMOGRAPHICS

PRIME ENROLLMENT



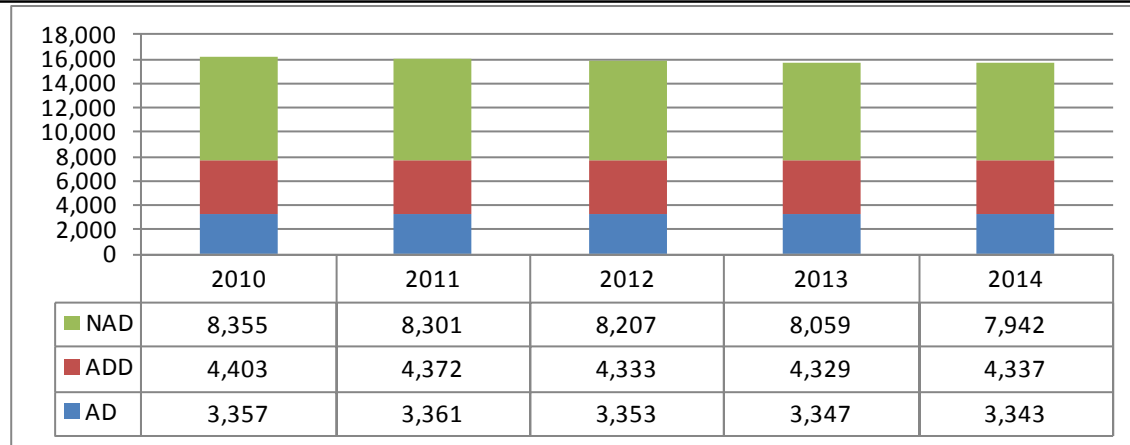
The enrollment categories are based off of the Alternate Care Value (ACV) Group in M2. MTF Enrolled are those enrolled to the Parent MTF DMIS ID within its Prime Service Area (PSA) and displayed for a rolling 12 months. MTF Reliant are those enrolled to an Operational Forces DMIS ID, or Active Duty not enrolled. The Network Enrolled is comprised of those enrolled to the MCSC and to TRICARE Prime Remote within the Market Area of interest.

ELIGIBLES-20 MILE AREA



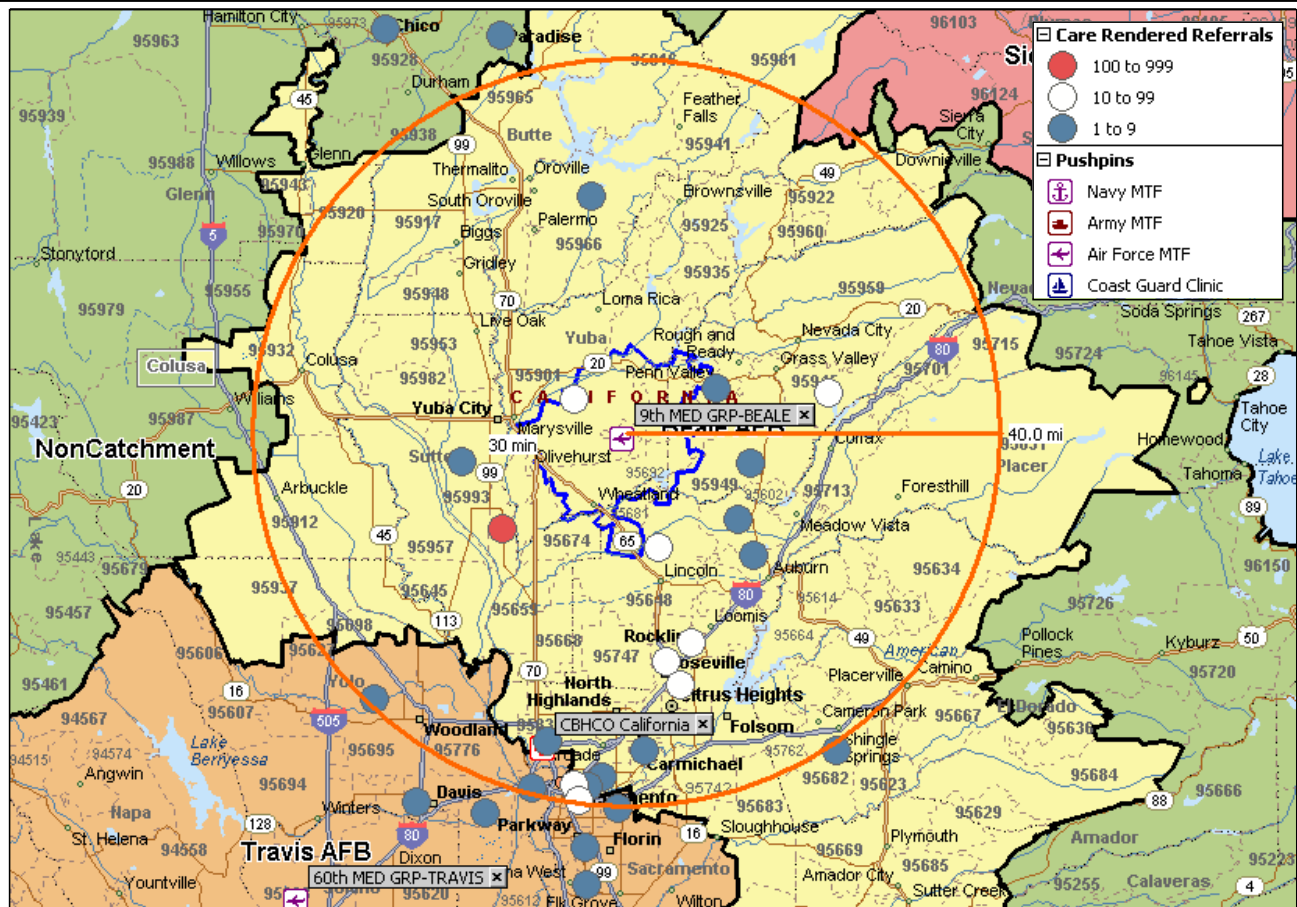
Eligible numbers are based on either the Catchment Area (40-mile concept) if the MTF is a hospital or Provider Requirements Integrated Specialty Model (PRISM) (20-mile concept) if the MTF is a clinic. The beneficiary category is broken out by AD – Active Duty, ADD – Active Duty Dependent, and NAD – Non-active Duty (retirees, retiree dependents, survivors, and others). Data is displayed for a rolling 12 month period. Those enrolled to the Uniformed Services Family Health Plan (USFHP) are not included.

PROJECTED POPULATION-20 Mile Area



Projected eligible numbers are based on either the Catchment Area (40-mile concept) if the MTF is a hospital or Provider Requirements Integrated Specialty Model (PRISM) (20-mile concept) if the MTF is a clinic. The beneficiary category is broken out by AD – Active Duty, ADD – Active Duty Dependent, and NAD – Non-active Duty (retirees, retiree dependents, survivors, and others).

PRIME SERVICE AREA (PSA) MAP



Total Referrals with a Care Rendered Claim (Requesting MTF: 9th Med Group)

Medium Blue Line: 30-Minute Drive Time

Orange Circle: 40-Mile Catchment Area

Yellow Shade: Prime Service Area

ACCESS TO CARE

NETWORK ADEQUACY REPORT (NAR)

NAR Specialty (2)	GMENAC FTEs Needed (4)	MTF FTEs Available	Baseline Network FTEs Needed (5)	Network Providers Available	Change in Network Providers from Previous Quarter	False Shortfall (6) of Network Providers	True Shortfall (7) of Network Providers	Network Providers Needed (8)
Allergy and Immunology	0.237	0	1.89	15	0			0
Anesthesiology	2.384	0	19.07	182	2			0
Cardiology	0.914	0	7.31	79	2			0
Dermatology	0.815	0	6.52	21	0			0
Endocrinology	0.235	0	1.88	9	2			0
Gastroenterology	0.764	0	6.11	40	1			0
General Surgery	2.735	0	21.88	68	2			0
Hematology/Oncology	1.074	0	8.59	23	2			0
Infectious Diseases	0.261	0	2.09	6	-1			0
Mental Health Counselor	1.887	2.8	0	135	-2			0
Nephrology	0.322	0	2.58	19	1			0
Neurological Surgery	0.312	0	2.5	6	0			0
Neurology	0.627	0.7	0	38	4			0
Obstetrics & Gynecology	2.75	0.7	16.4	77	-1			0
Ophthalmology	1.357	0	10.86	68	0			0
Orthopedic Surgery	1.731	0	13.85	40	3			0
Otolaryngology	0.943	0	7.54	33	0			0
PCMs (3)	3.183	4.9	45.46	396	-3			0
Physical Medicine and Rehabilitation	0.372	0	2.98	13	0			0
Plastic Surgery	0.313	0	2.5	7	0			0
Psychiatry	0.944	0	7.55	21	-3			0
Psychology	1.887	0	15.1	43	0			0
Pulmonary Diseases	0.415	0	3.32	21	1			0
Radiology	2.076	0	16.6	159	1			0
Rheumatology	0.199	0	1.59	9	1			0
Thoracic & Cardiovascular Surgery	0.241	0	1.93	19	0			0
Urology	0.907	0	7.26	33	0			0

Total NAR Specialty Network Providers in PSA: 1,580

Total Network Providers in PSA: 2,675

- (1) Network Adequacy Report (NAR) reported by MCSC on a quarterly basis.
- (2) NAR Specialties are the specialties selected by the TRO-W to be monitored for network adequacy. Often, more than one HIPAA taxonomy code maps to a NAR specialty. There are other network specialists in the PSA with specialties which are not listed here.
- (3) Primary Care Managers (PCMs) are Internists, Family/General Practitioners, Pediatricians, OB/Gynecologists, Physician Assistants, Nurse Practitioners, Certified Nurse Midwives, and other network providers who agree to enroll TRICARE beneficiaries.
- (4) GMENAC (Graduate Medical Education National Advisory Committee) FTEs Needed are calculated differently for PCMs and other NAR specialties (non-PCMs): For PCMs, it is equal to the number of TRICARE beneficiaries enrolled to the network in the PSA times the physician to network enrolled bene (GMENAC) ratio. The GMENAC ratio for PCMs is one provider for every 2,000 enrolled. For non-PCMs, it is equal to the number of TRICARE beneficiaries in the PSA (enrolled and non-enrolled) times the GMENAC ratio for the NAR specialty. Each NAR specialty has a different GMENAC ratio.
- (5) Baseline Network FTEs Needed are calculated differently for PCMs and other NAR specialties (non-PCMs): For PCMs, it assumes an availability factor of 7%. It is equal to the "GMENAC FTEs Needed" divided by the availability factor of 7%. It does not subtract "MTF FTEs Available", because the population analyzed includes only those enrolled to the network, not those enrolled to the MTF. For non-PCMs, it assumes an availability factor of 12.5%. It is equal to the ("GMENAC FTEs Needed" minus "MTF FTEs Available") divided by the availability factor of 12.5%. If the result is negative, it is set to zero.
- (6) False Shortfall: Flagged if the number of available network providers is less than what is needed and all the available providers in the PSA are either contracted or there are no providers in the area.
- (7) True Shortfall: Flagged if the number of available network providers is less than what is needed and there are available providers in the PSA to contract, although they may be unwilling to sign up.
- (8) Shows a positive number of network providers needed only when there is a true shortfall.

MTF AND NETWORK ENROLLED AVAILABILITY (OR EXCESS)

MTF and Network Enrollment Availability (or Excess)							
Time Period	MTF Enrollment Capacity ¹	Network Enrollment Capacity ²	Combined MTF and Network Enrollment Capacity	MTF Enrollment ³	Network Enrollment ⁴	Combined MTF and Network Enrollment	MTF and Network Availability (or Excess)
Current	12,100	104,055	116,155	9,130	6,705	15,835	100,320
FY2010 Projection	12,100	104,055	116,155	8,663	6,705	15,368	100,787

¹Current MTF enrollment capacity from TRICARE Operations Center (TOC) "CHCS PCM Capacity and Assignment Report" for main facility and those child clinics within the Prime Service Area - not outlying child clinics. Projected MTF enrollment capacity is straight-lined. (In the future this will be reported from MTF Assessment.)

²Current and projected network enrollment capacities as assessed by the MCSC for the entire Prime Service Area (PSA) to include TRO-W's current and projected network enrollments from M2.

³Current MTF enrollment from M2 TRICARE Relationship Detail Table for current fiscal month (includes TRICARE Plus beneficiaries). Projected MTF enrollment from MTF Business Plans.

⁴Current network enrollment from M2. Projected network enrollment is straight-lined.

- Primary Care Access and Network Concerns
 - There is an adequate number of PCMs in this PSA.
- Specialty Care Access
 - Dermatology (3 contracted/2 more needed) 3 Dermatologists in the area provide services, one specialist provides services full time in Sierra Vista, one specialist provides services in Tucson and also provides services in Sierra Vista on Monday's, another specialist from Tucson shares space in Sierra Vista to provide services on Thursdays. One declines to contract with any managed care programs.
 - There are twelve false shortfalls: Endocrinology, Gastroenterology, General Surgery, Hematology/Oncology, Infectious Disease, Neurological Surgery, Otolaryngology, Physical Medicine and Rehabilitation, Plastic Surgery, Radiology, Rheumatology and Urology.
 - Access - Beneficiaries continue their historical pattern of traveling to Tucson to obtain services unavailable in the Ft Huachuca PSA, traveling about an hour and a half or 65 miles from the base.

MTF AND NETWORK ENROLLED RIGHT OF FIRST REFUSAL

DMIS Area	0015 BEALE AFB				
URGENT_IND	N				
Count of TAU_REFERENCE_NUMBER	NOTE				
SPECIALTY	Accepted	Active Decline	Not Appropriate	Grand Total	
Ophthalmology			1	1	
Optometrist		1		1	
Orthopaedic Surgery		1		1	
Physical Therapist	3			3	
Grand Total	3	2	1	6	

Right of First Refusal (ROFR) reports are a contractually required report received by the individual MTF for their site only and the TRO-W for all MTFs in the West Region. The ROFR report show how many referrals were accepted or declined by the nearest MTF for care. The above table shows the Top Ten Provider Specialties by the number of non-urgent referrals that were ROFR'd to 9th Med Group-Beale.

Accepted: MTF accepted the referral within the 24 hours for routine care.

Active Decline: MTF declined the referral within the 24 hours for routine care.

Declined Not Specified: MTF declined either passively or actively, but MCSC did not correctly enter the resolution of the ROFR for the system to identify.

Not Appropriate: A referral was sent for review that did not meet the criteria for ROFR, or the ROFR process was used incorrectly.

Passive Decline: MTF did not accept or reject the referral within the 24 hours for routine care and the MCSC actively processed referral to the network.

MTF ENROLLEE CARE REFERRALS TO NETWORK

Top Ten MedSurg Referrals for Beale Enrollees						
Servicing Specialty	Care Rendered	Data				Total # of Referrals
	Referral/Claim Match		Not Executed			
	# of Referrals	% of Referrals	# of Referrals	% of Referrals		
Obstetrics & Gynecology	75	77.3%	22	22.7%	97	
Gastroenterology	32	59.3%	22	40.7%	54	
Otorhinolaryngology	30	61.2%	19	38.8%	49	
Dermatology	39	81.3%	9	18.8%	48	
Group Practice	39	83.0%	8	17.0%	47	
Orthopedic Surgery	34	85.0%	6	15.0%	40	
Cardiology	22	66.7%	11	33.3%	33	
Hospital	20	76.9%	6	23.1%	26	
General Surgery	23	92.0%	2	8.0%	25	
Ophthalmology	16	72.7%	6	27.3%	22	
Grand Total	330	74.8%	111	25.2%	441	

Behavioral Health Referrals for Beale Enrollees						
Servicing Specialty	Care Rendered	Data				Total # of Referrals
	Referral/Claim Match		Not Executed			
	# of Referrals	% of Referrals	# of Referrals	% of Referrals		
Psychology	8	47.1%	9	52.9%	17	
Psychiatry	3	30.0%	7	70.0%	10	
Mental Health Counselor	4	80.0%	1	20.0%	5	
Grand Total	15	46.9%	17	53.1%	32	

To determine if there was a service on a referral, referrals were matched to claims within 3 months following the month the referral was created. Care not rendered may be due to the fact that a claim has not yet been submitted, because the patient got care in the direct care system, or the patient didn't use the referral. The days to access care was then calculated based on comparing the referral create date and/or the first date of service from claims. The first 8 behavioral health (BH) visits do not require a referral per TMA policy. Therefore, BH referrals do not account for all BH visits.

MTF ENROLLEE DAYS TO CARE

<div style="text-align: center;"> <div>▼</div> <div>▼</div> <div>▼</div> </div>	<div style="text-align: center;"> <div>▼</div> <div>▼</div> <div>▼</div> </div>
<div style="text-align: center;"> <div>▼</div> <div>▼</div> <div>▼</div> </div>	<div style="text-align: center;"> <div>▼</div> <div>▼</div> <div>▼</div> </div>

Access to care is based on referrals that have a matching claim with the days to care based on comparing the referral create date and/or the first date of service from claims. Allowed at least a three month lag after a referral was created to allow time for claims processing to provide the first date of service. This lessens the chance of underestimating the days to care. It is unknown if the beneficiary accepted the first available appointment offered due to convenience. The referrals in the above table are only for non-urgent/non-emergent. TRICARE Prime beneficiaries must have an appointment with an appropriately trained provider within four weeks (i.e. 28 days). The first 8 behavioral health (BH) visits do not require a referral per TMA policy. Therefore, BH referrals do not account for all BH visits.

DRIVE TIME REPORT (IN MINUTES) FOR THE PRIME SERVICE AREA ¹											
TOP 10 SPECIALTIES (BASED ON NUMBER OF REFERRALS)											
Specialty	0-30 Minutes		31-60 Minutes		61-90 Minutes		91-120 Minutes		>120 Minutes		
	# of Referrals	% of Referrals	# of Referrals	% of Referrals	# of Referrals	% of Referrals	# of Referrals	% of Referrals	# of Referrals	% of Referrals	Total # of Referrals
Obstetrics & Gynecology	72	42.6%	71	42.0%	20	11.8%	6	3.6%		0.0%	169
Dermatology	24	38.7%	29	46.8%	9	14.5%		0.0%		0.0%	62
Gastroenterology	43	79.6%	11	20.4%		0.0%		0.0%		0.0%	54
Orthopedic Surgery	23	46.9%	22	44.9%	4	8.2%		0.0%		0.0%	49
Cardiology	25	69.4%	10	27.8%	1	2.8%		0.0%		0.0%	36
Otorhinolaryngology	12	40.0%	15	50.0%	2	6.7%		0.0%	1	3.3%	30
Primary Care Specialties (2)	11	42.3%	7	26.9%	6	23.1%	1	3.8%	1	3.8%	26
Urology	16	61.5%	6	23.1%	4	15.4%		0.0%		0.0%	26
Allergy and Immunology	11	42.3%	9	34.6%	5	19.2%		0.0%	1	3.8%	26
Neurology	14	56.0%	10	40.0%	1	4.0%		0.0%		0.0%	25
Grand Total	251	49.9%	190	37.8%	52	10.3%	7	1.4%	3	0.6%	503

¹ Drive Time Report reported by MCSC on a quarterly basis using referrals data. Drive time is derived from each beneficiary's address to the providers' office address. Only referrals from MTFs were used because of the practical limitation of calculating all of the times. It is assumed that drive time statistics for other types of referrals are similar. Driving distances over 200 miles were excluded to minimize referrals to out of region providers or the chance that the beneficiaries' DEERS address may be out of date. Also excluded referrals where the beneficiaries' addresses are a P.O. Box which would give inaccurate results. According to HA Policy 06-007: for Routine Care and Wellness and Health Promotion Services, TRICARE Prime beneficiaries must have an appointment with an appropriately trained provider within 30 minutes travel time from the beneficiary's residence; for Specialty Care Services, TRICARE Prime beneficiaries must have an appointment with an appropriately trained provider within one hours travel time from the beneficiary's residence.

² Primary Care Specialties include Internists, Family/General Practitioners, Pediatricians, Physician Assistants, and Nurse Practitioners.

NETWORK ENROLLEE CARE RIGHT OF FIRST REFUSAL

DMIS Area	0015 BEALE AFB		
URGENT_IND	N		
Enrolled DMIS	6919		
Count of TAU_REFERENCE_NUMBER	NOTE		
SPECIALTY	Active Decline	Not Appropriate	Grand Total
Ophthalmology		1	1
Orthopaedic Surgery	1		1
Grand Total	1	1	2

Right of First Refusal (ROFR) reports are a contractually required report received by the individual MTF for their site only and the TRO-W for all MTFs in the West Region. The ROFR report show how many referrals were accepted or declined by the nearest MTF for care. The above table shows the Top Ten Provider Specialties for non-urgent referrals of Network Enrollees that were ROFR'd to 9th Med Group-Beale.

Accepted: MTF accepted the referral within the 24 hours for routine care.

Active Decline: MTF declined the referral within the 24 hours for routine care.

Declined Not Specified: MTF declined either passively or actively, but MCSC did not correctly enter the resolution of the ROFR for the system to identify.

Not Appropriate: A referral was sent for review that did not meet the criteria for ROFR, or the ROFR process was used incorrectly.

Passive Decline: MTF did not accept or reject the referral within the 24 hours for routine care and the MCSC actively processed referral to the network.

NETWORK ENROLLEE CARE REFERRALS TO NETWORK

TriWest Market	Southwest				
Top Ten MedSurg Referrals for Network Enrollees (not including TPR)					
	Care Rendered	Data			
	Yes	No			Total # of Referrals
Servicing Specialty	# of Referrals	% of Referrals	# of Referrals	% of Referrals	
Cardiology	1,051	79.7%	267	20.3%	1,318
Dermatology	1,654	75.9%	524	24.1%	2,178
Gastroenterology	1,534	77.8%	438	22.2%	1,972
Group Practice	3,977	53.4%	3,473	46.6%	7,450
Hospital	1,742	81.3%	401	18.7%	2,143
Obstetrics & Gynecology	2,434	81.0%	572	19.0%	3,006
Ophthalmology	1,517	77.8%	434	22.2%	1,951
Orthopedic Surgery	2,110	79.6%	542	20.4%	2,652
Otorhinolaryngology	1,158	78.5%	318	21.5%	1,476
Primary Care Specialist	1,358	78.3%	376	21.7%	1,734
Grand Total	18,535	71.6%	7,345	28.4%	25,880

TriWest Market	Southwest				
Top Ten Behavioral Health Referrals for Network Enrollees (not including TPR)					
	Care Rendered	Data			
	Yes	No			Total # of Referrals
Servicing Specialty	# of Referrals	% of Referrals	# of Referrals	% of Referrals	
Anesthesiology	1	100.0%		0.0%	1
Group Practice	2	100.0%		0.0%	2
Hospital	7	100.0%		0.0%	7
Mental Health Counselor	694	83.3%	139	16.7%	833
Psychiatry	302	76.6%	92	23.4%	394
Psychology	464	80.0%	116	20.0%	580
Grand Total	1,470	80.9%	347	19.1%	1,817

The referrals for network enrollees are for those enrolled to DMIS ID 6919 (not including TRICARE Prime Remote) in a particular Market Area. To determine if there was a service on a referral, referrals were matched to claims within 3 months following the month the referral was created. Care not rendered may be due to the fact that a claim has not yet been submitted, because the patient got care in the direct care system, or the patient didn't use the referral.

The days to access care was then calculated based on comparing the referral create date and/or the first date of service from claims.

The referrals in the above table are only for Routine care-not Urgent or Emergent.

The first 8 behavioral health (BH) visits do not require a referral per TMA policy. Therefore, BH referrals do not account for all BH visits.

NETWORK ENROLLEE CARE DAYS TO CARE



The referrals for network enrollees are for those enrolled to DMIS ID 6919 (not including TRICARE Prime Remote) in a particular Market Area. Access to care is based on referrals that have a matching claim with the days to care based on comparing the referral create date and/or the first date of service from claims. It is unknown if the beneficiary accepted the first available appointment offered due to convenience.

The referrals in the above table are only for Routine care-not Urgent or Emergent.

The first 8 behavioral health (BH) visits do not require a referral per TMA policy. Therefore, BH referrals do not account for all BH visits.

OPTIMIZATION EFFORTS

Last Optimization Visit: Jul 1-3, 2009

Top Recommendation(s): Establish demand projection and gap analysis and develop plan to close the gap, simplify the appointing process to 20 minute appointments with Continuity as the priority IAW MHS ATC Success Guide, correct and monitor Abandonment Rate and Wait and Talk times, consider performance based central appointment contract, tweak Central Appointment Phone Tree, establish Asynchronous Messaging, measure and monitor continuity, drug renewals by PharmD, review RN managed med renewal policy

Initiatives/Pilots:

Military Health System Support Initiatives (MHSSIs):

Resource Sharing:

Clinical Support Agreements (CSA) -0

External Resource Sharing Agreements (ERSA) -0

DoD/VA Joint Incentive Fund (JIF) Projects: 0